

## Appendix M

# Job Safety Analysis Worksheet

Title of Job Operation \_\_\_\_\_

Position of Title of Person Who Does Job \_\_\_\_\_

**Building** \_\_\_\_\_

Agency \_\_\_\_\_

Section \_\_\_\_\_

Date \_\_\_\_\_ No. \_\_\_\_\_

Employee Observed \_\_\_\_\_

Analysis Made By \_\_\_\_\_

Title \_\_\_\_\_

Analysis Approved By \_\_\_\_\_

Title \_\_\_\_\_

[illegible]

- |   |                     |   |                   |   |                |   |                       |    |                    |    |              |
|---|---------------------|---|-------------------|---|----------------|---|-----------------------|----|--------------------|----|--------------|
| 1 | Struck By (SB)      | 3 | Contact By (CB)   | 5 | Caught On (CO) | 7 | Caught Between (CB)   | 9  | Fall To Below (FB) | 11 | Exposure (E) |
| 2 | Struck Against (SA) | 4 | Contact With (CW) | 6 | Caught In (CI) | 8 | Foot Level Fall (FLF) | 10 | Over Exertion (OE) |    |              |